

## INDUSTRIAL BUSINESS LICENCE APPLICATION

*Please note application must be completed in full to be processed.*

### SECTION 1 – BUSINESS INFORMATION

Application Date: _____	Licence No. : _____
	<small>OFFICE USE ONLY</small>
	Account No. : _____
This application is for a:	
<input type="checkbox"/> New Business License	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Trade Name
Business start date: _____	
Business Type:	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Storage
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Wholesale
	<input type="checkbox"/> Other (specify) _____
Distribution <input type="checkbox"/>	
Form of ownership:	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Society
Business Incorporated or Registered? <input type="checkbox"/> Yes	
<i>If yes, a copy of the <b>Certificate of Incorporation</b> or <b>Statement of Registration</b> for the Business is required.</i>	
<input type="checkbox"/> No	
Business Name: _____	
Business Address: _____	
Business Phone: _____	Email: _____
Zoning of business property:	
<input type="checkbox"/> M1 General Industrial	<input type="checkbox"/> M3 Light Industrial
<input type="checkbox"/> M2 Heavy Industrial	<input type="checkbox"/> Other
Number of employees working at the business location: _____	
Are you a joint tenant with another business at the same premises? <input type="checkbox"/> Yes (specify) _____	
<input type="checkbox"/> No	
<b>Licencee Information (Primary Contact):</b>	
Name: _____	Position: _____
Mailing Address: _____	
Phone: _____	Email: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____

# CITY OF PORT COQUITLAM

Nature/description of business – Details of your business activities must include type and nature of the activity, including products manufactured, stored, sold and services rendered

Please refer to [Zoning Bylaw, 2008, No. 3630](#) for applicable industrial business regulations.

## SECTION 2 – INDUSTRIAL SPACE

Total Floor Area of premise (m<sup>2</sup> / sq ft):

Principal industrial use of business at this site:

Floor Area of principal industrial use (m<sup>2</sup> / sq ft):

Specify Total floor area of accessory uses (m<sup>2</sup>/ sq ft):

	<input type="checkbox"/> Office: _____
	<input type="checkbox"/> Display: _____
	<input type="checkbox"/> Retail: _____
	<input type="checkbox"/> Outdoor Storage: _____

Parking stalls allotted to business:

Commercial Indoor Recreation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------------------	------------------------------	-----------------------------

Number of students:

Are you proposing any interior or exterior alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you applied for a building and/or development permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

*\*\*The City recommends confirming existing alterations were completed with required permits and inspections. Please contact the Building Division at 604.927.5444 for more information. \*\**

## SECTION 3 – APPLICANT STATEMENT

*I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with all relevant provisions of the Business Bylaw No. 3725, Zoning Bylaw No. 3630 and other applicable City of Port Coquitlam Bylaws. It is also understood that the business owner(s) is/are responsible for the overall management of the business including staff while representing the owner(s)' business. Further, failure to meet these obligations may result in the business licence being suspended or reported to City Council for possible revocation.*

**Business Owner/Director #1 (person, corporation or society):**

Print Name:	Signature:	Date:
-------------	------------	-------

**Business Owner/Director #2 (person, corporation or society):**

Print Name:	Signature:	Date:
-------------	------------	-------

- Please Attach a **Floor Plan** and/or a **Site Map** that indicates all business uses and where they will be conducted on the premises. (applications will not be processed without a floor plan/site map).

## SECTION 4 – FLOOR PLAN & SITE MAP

**NOTE:** Floor plans to scale, showing floor areas for accessory uses, entrances, exits and parking areas must be submitted at the time of application (a separate plan may be attached). If you are a joint tenant of a premise, please illustrate how the space is divided among the businesses.

Please refer to [Zoning Bylaw, 2008, No. 3630](#) for applicable zoning regulations.

**IMPORTANT: This application will not be processed without the application fee. Please contact the Business Licensing Division for applicable fees.**

All information gathered for business licensing purposes is managed in accordance with *the Freedom of Information and Protection of Privacy Act*. Business Licences are public records and are available for inspection on request at the City Hall Annex. The City also makes business licence information available in various publications on the City website and/or in hard copy format. If you do not wish your business information to be made available in any additional publications, a request in writing to decline publication must be received by the Business Licensing office.